

**SELF-SERVICE CENTER  
INSTRUCTIONS: HOW TO COMPLETE THE  
EXPEDITED PROCESS PETITION TO ENFORCE**

**USE THIS FORM** only if you are trying to make someone obey a court order for child support, spousal maintenance, medical insurance coverage, parenting time, and/or reimbursement of medical, dental, or vision care expenses that are not covered by insurance.

**IF YOU CHOOSE TO FILE AN “EXPEDITED PROCESS PETITION TO ENFORCE,”  
YOU MUST MEET THE FOLLOWING CRITERIA:**

1. You must have an Arizona court order for child support, spousal maintenance, medical insurance coverage, payment or reimbursement of uninsured medical, dental, or vision care expenses, and/or parenting time. You may **not** use this form if your order was **not** entered by the Court in this county, **or** has **not yet been registered** as a foreign judgment with the Clerk of Court of this county, (for which there is a filing fee of **\$230.00**). If your Order is from another county in Arizona, the case must have been transferred (venue must have been changed) to this county. Fee deferral and waiver forms are available at no charge from the Clerk of Court's filing counter, the Self Service Center, and from Self Service Center's web site at:  
<http://www.superiorcourt.maricopa.gov/ssc/>.
2. If you are requesting enforcement of child support or spousal maintenance (alimony), you must be able to show that the party court ordered to pay is at least one full month's payment behind.
3. If you are requesting enforcement of medical insurance coverage, you must be able to show that the party ordered to provide medical insurance coverage **is not** providing coverage as ordered by the court.
4. If you are requesting enforcement of payment for medical, dental, or vision related expenses, that are not covered by insurance, you must be able to show that the documentation of expenses must have been submitted to the party ordered to pay **and** must have been unpaid for more than 30 days after delivery to the other party or 30 days past any other due date set by the Court.
5. If you are requesting enforcement of parenting time (visitation), you must be able to show that the other party has failed to comply with a provision of the order for parenting time.

**DO NOT USE THIS FORM TO REQUEST A CHANGE OF YOUR COURT ORDER.**

Match the numbered instructions to the numbers on the ***“Expedited Process Petition to Enforce.”***  
**TYPE OR PRINT CLEARLY, USE BLACK INK ONLY.**

<b>NUMBER</b>	<b>INSTRUCTION</b>
(1)	<b>Fill in YOUR</b> name, address, home phone number <b>and DAYTIME and Evening</b> phone numbers. Your daytime phone number is the number where you can be reached Monday through Friday from 8:00 a.m. to 5:00 p.m., or where a message may be left for you. PLEASE FILL IN BOTH PHONE NUMBERS. IF THE NUMBERS ARE THE SAME, WRITE “SAME” IN SPACE PROVIDED FOR SECOND NUMBER.

- (2) **Check the box to indicate whether the party filing this request to enforce is Petitioner or Respondent.** If you have obtained the services of an attorney, the attorney must write **YOUR** name as the "Person Filing" and must provide his or her State Bar number and contact information.
- (2) **Print** the names of the parties listed as Petitioner and Respondent on the court order(s) for child support, spousal maintenance, medical insurance coverage, uninsured medical/dental/vision care expenses and/or parenting time.
- (3) Below the line for Respondent's name, write in the **ATLAS** number assigned to your case, if known.
- (4) Write in your Maricopa County case number in the space provided (above "Expedited" in the form title). The number should be the same as the Superior Court case number listed on the court order that you want to enforce. This number starts with "**DR**" or "**D**" or "**FC**."
- (5) Mark the box or boxes which indicate(s) the type(s) of order(s) for which you are requesting enforcement.

#### INSTRUCTIONS FOR SECTION A:

**DO NOT COMPLETE SECTION "A" IF YOU ARE NOT REQUESTING ENFORCEMENT OF CHILD SUPPORT, SPOUSAL MAINTENANCE, MEDICAL INSURANCE COVERAGE, AND/OR REIMBURSEMENT OF UNINSURED MEDICAL/DENTAL/ VISION EXPENSES.**

Instructions (6) through (12) apply only if you have marked one or more of the following boxes: Child Support, Child Support Arrears, Spousal Maintenance, Spousal Maintenance Arrears, Medical Insurance Coverage, and/or Uninsured Medical/Dental/Vision Expenses (those with "ESR" behind them).

- (6) Date(s) of the Order(s) you want to have enforced.
- (7) Name of the judicial officer(s) who signed your order(s).
- (8) Name of the party who owes you child support, spousal maintenance, **AND/OR** has not obtained medical insurance coverage or reimbursed uninsured medical/dental/vision care expenses.
- (9) Amount of support the court ordered the other party to pay **AND** the **EXACT** wording of the order(s). If you do not have a copy of your order(s), attempt to obtain a copy from Court Records located at 601 W. Jackson in downtown Phoenix. If you are unable to obtain a copy, state in your own words, as accurately as possible, what the order said.
- (10) Total amount of support that is past due. To determine the past due amount:
- Calculate the total amount of support which should have been **PAID** to you to date;
  - Calculate the total amount of support you have **RECEIVED** (including **DIRECT** payments) to date;
  - SUBTRACT** the total amount received from the total amount due. This is the past due amount (this amount does not include the amount of interest to which you are entitled).

- (11) Time period for which you claim the past due support was not paid.
- (12) If reimbursement is overdue for medical, dental, or vision care expenses that are not covered by insurance, list the amount due from the other party here.

**INSTRUCTIONS FOR SECTION B:  
PARENTING TIME (formerly "Visitation")**

**DO NOT COMPLETE SECTION "B" IF YOU ARE NOT REQUESTING ENFORCEMENT OF PARENTING TIME.** Instructions (14) through (19) apply **only** if you have marked the box for Parenting Time.

- (13) Date(s) of the order(s) you want to have enforced.
- (14) Name of the judicial officer(s) who signed your order(s).
- (15) **EXACT** wording of the order(s). If you do not have a copy of your order(s), attempt to obtain a copy from Court Records located at 601 W. Jackson in downtown Phoenix. If you are unable to obtain a copy, state in your own words as accurately as possible what the order said.
- (16) Name of the party whom you claim has not complied with the order(s).
- (17) Write a **brief** summary describing how the other party failed to comply with the court order

Note: Under Section B, No. 3, at bottom of page 2, you do not need to mark any selections here.

- (18) **DO NOT SIGN AND DATE THIS FORM UNTIL YOU ARE YOU ARE IN THE PRESENCE OF - AND DIRECTED TO DO SO BY - A NOTARY PUBLIC OR A CLERK OF THE COURT.** Your signature acknowledges that the information you have provided is true and correct to the best of your knowledge and belief.

**NOTICE TO THE PARTY FILING:** Before a conference can be scheduled, it is your responsibility to provide proof of service to the Family Support Center, Support Orders. Proof of service may be hand-delivered, mailed or faxed to:

**CLERK OF THE SUPERIOR COURT**  
Family Support Center/Support Orders  
201 West Jefferson, 1st Floor  
Phoenix, Arizona 85003  
Fax Number: (602) 506-5764

**FAILURE to provide proof of service will prevent or delay the scheduling of a conference.**

**It is not necessary for the party receiving this Request to Enforce to file a response, but if he or she chooses to do so, it must be filed within 11 days after receiving service. The other party may choose to file a Cross-Expedited Request to Enforce on the same issues listed on this Request or on any of the other matters listed at the beginning of this form.**